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UNITED NATIONS POPULATION FUND
PROPOSED PROJECTS AND PROGRAMMES

Recommendation by the Executive Director
Assistance to the Government of the Comoros

Proposed UNFPA assistance: $3.4 million, $3 million from regular resources and $400,000 from multi-bilateral and/or other, including regular, resources

Programme period: 5 years (1997-2001)

Cycle of assistance: Third

Category per decision 96/15: A

Proposed assistance by core programme areas (in millions of $):

	Regular resources	Other	*Total*
Reproductive health	2.2	.3	2.5
Population & development strategies	.7	.1	.8
Advocacy	.1	-	.1
Total	3.0	.4	3.4

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COMOROS

INDICATORS RELATED TO ICPD GOALS*

		Thresholds*
Births attended by health professional (%)[1]	54.3	≥60
Contraceptive prevalence rate (15-44) (%)[2]	3.0	≥55
Access to basic health services (%)[3]	82.4	≥60
Infant mortality rate (/1000)[4]	89.0	≤50
Maternal mortality rate (/100,000)[5]	500.0	≤100
Gross female enrolment rate at primary level (%)[6]	50.6	≥75
Adult female literacy rate(%)[7]	48.4	≥50

*** AS CONTAINED IN DOCUMENT DP/FPA/1996/15 AND APPROVED BY THE EXECUTIVE BOARD IN DECISION 96/15.**

[1] *WHO, Coverage of Maternal Care, 3rd ed., 1993. Data cover the period 1983-1993.*
[2] *United Nations Population Division, World Contraceptive Use 1994, ST/ESA/SER.A/143. Data cover the period 1986-1993.*
[3] *UNICEF, The State of the World's Children, 1995. Data cover the period 1985-1993.*
[4] *United Nations Population Division, World Population Prospects Database 1950-2050, 1994 Revision. Data are for 1992.*
[5] *UNICEF, The State of the World's Children 1995, which is based on data compiled by WHO. Data cover the period 1980-1992.*
[6] *United Nations Statistical Division, Women's Indicators and Statistics Database, Version 3 (CD-ROM), 1994, which is based on data compiled by UNESCO.*
[7] *UNESCO, Education for All - Status and Trends, 1994*

Demographic Facts

Population (000) in 1995	653
Population in year 2000 (000)	778
Sex ratio (/100 females)	103.0
Per cent urban	30.7
Age distribution (%)	
Ages 0-14	48.6
Youth (15-24)	19.3
Ages 60+	3.9
Percentage of women aged 15-49	43.1
Median age (years)	15.6
Population density (/sq. km.)	292
Annual population growth rate (%)	3.5
Urban	5.6
Rural	2.5
Crude birth rate (/1000)	45.2
Crude death rate (/1000)	10.2
Net migration rate (/1000)	0.0
Total fertility rate (woman)	6.5
Life expectancy at birth (years)	
Males	57.5
Females	58.5
Both sexes	58.0
GNP per capita (U.S. dollars, 1994)	510

Sources: Data are from the Population Division, Department of Economic and Social Information and Policy Analysis (DESIPA) of the United Nations, World Population Prospects: the 1994 Revision; Annual Population growth, including urban and rural data are from DESIPA, World Urbanization Prospects: the 1994 Revision. GNP per capita is from UNDP. Two dashes (--) indicate that data are not available.

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1. The United Nations Population Fund proposes to support a population programme over the period 1997-2001 to assist the Government of the Comoros achieve its population and development objectives. UNFPA proposes to fund the programme in the amount of $3.4 million, $3 million of which would be programmed from UNFPA regular resources to the extent such resources are available. UNFPA would seek to provide the balance of $400,000 from multi-bilateral and/or other, including regular, resources to the extent possible, consistent with Executive Board decision 96/15 on the allocation of UNFPA resources. This would be UNFPA's third cycle of assistance to the Comoros.

2. The proposed programme has been developed in close collaboration with the Government and with other international development partners. The programme takes into account the 1995 Country Strategy Note approved by the Government as well as the joint UNDP/UNFPA programming exercise that was held in June 1996, during which the recommendations of UNFPA's 1994 programme review and strategy development (PRSD) exercise were updated.

3. The long-range objective of the proposed programme is to assist the Government in achieving its goals of lowering maternal mortality by 50 per cent and increasing the contraceptive prevalence rate to 20 per cent by the year 2001 and in improving the overall status of women. The core of the proposed programme will be in the area of reproductive health and family planning. The programme will concentrate on making high-quality comprehensive reproductive health services readily accessible in five of the country's districts, which contain 30 per cent of the total population. At the same time, it will help the Government sustain the services that are available elsewhere.

4. All activities under the proposed programme, as in all UNFPA-assisted activities, would be undertaken in accordance with the principles and objectives of the Programme of Action of the International Conference on Population and Development (ICPD), which was endorsed by the General Assembly through its resolution 49/128.

Background

5. The Comoros is classified as a least developed country and falls in category "A" in terms of UNFPA's new approach for resource allocation. Following an economic crisis in 1991, the country undertook a structural adjustment programme in order to rectify its macro-economic indicators; this programme had a negative impact on the country's ability to invest in social sectors. The political crisis generated by an attempted coup d'etat in September 1995 paralysed national institutions until the Presidential elections of March 1996. Political instability continues to disrupt development activities and the management of human resources in all sectors.

6. The total fertility rate is approximately 6.5 children per woman, with high infant and maternal mortality rates. Life expectancy at birth is under 60 years for both men and women, and a very

youthful population compounds the country's budgetary problems in terms of meeting needs for health, education and employment. The country's high population growth rate continues to put pressure on an already densely populated small country in which more than 70 per cent of the population is concentrated on arable land in rural areas. Demographic pressures are putting increasing stress on a vulnerable ecosystem at the same time that rural-urban migration is negatively affecting city living conditions, where basic infrastructures are already precarious.

7. Although health facilities are relatively accessible throughout the country and are intended to provide family planning services, only 68 per cent of hospitals, maternities and the district health centres do, in fact, provide such services. The rapid extension of services on a national scale in the past UNFPA programme resulted in making family planning more widely accessible, but the quality of such services, particularly in rural areas, is lacking due to poorly equipped health structures, inadequately trained medical personnel and high turnover of staff. For this reason, the proposed programme plans to concentrate on improving the quality of reproductive health, including family planning and sexual health, services in certain specific areas. Family planning services in the private sector are limited to approximately 20 private physicians in urban areas and to a newly created non-governmental organization (NGO), the Comorian Association for Family Well-Being.

8. According to national data, the contraceptive prevalence rate increased from 3 per cent in 1990 to 11 per cent in 1996, but family planning is still slow to gain acceptance because of sociocultural barriers and the poor quality of services. In spite of certain pro-natalist attitudes in society, 61 per cent of women have expressed the desire to limit or space the births of their children, indicating a large unmet need for family planning services. Strong male resistance to the practice of contraception is often encountered. The issue of adolescent and youth reproductive health is very sensitive, and there are no specific policies or services for these groups. Voluntary abortion is illegal, but there are indications that clandestine abortions are frequent. HIV infection is potentially a serious issue because of the high migration rate and the prevalence of sexually transmitted diseases (STDs) in urban areas.

9. Comorian culture revolves around traditional and religious leaders who possess great power within the community. Women are practically absent from decision-making. Due to ineffective legal protection for women in the areas of matrimony and divorce, women still marry at an early age and occupy a fragile position in the family. Despite the constitutional recognition of the equal rights of women, the dominance of women in the agricultural labour force and the ever-increasing proportion of female-headed households (32 per cent in 1996), Comorian women have only limited access to education, employment and health services.

10. As far back as 1983, the Comorian Government judged the country's demographic increase to be too rapid for the country's resources and supported child-spacing in order to improve the health of the mother and child. A national population policy, however, has not been formulated because of

weak technical and institutional capacity and the lack of reliable data. The Government endorsed the ICPD Programme of Action and, in order to coordinate population activities, in 1994 it set up the General Directorate for Population within the Ministry of Public Health, Population and Social Affairs. Previously, in 1991, a ministerial department for the promotion of women was created, which still lacks the resources required to carry out its mandate.

Previous UNFPA assistance

11. The first UNFPA programme of assistance to the Comoros was originally approved for a period of five years (1989-1993) in the amount of $4 million. It focused on maternal and child health and family planning (MCH/FP) in support of government efforts to expand services at the national level; data collection and analysis, chiefly for the 1991 census; and information, education and communication (IEC) activities to sensitize decision makers, politicians, traditional and religious leaders and the general public on population issues. In 1993, an evaluation mission found that the objectives had been too ambitious for the Government's limited institutional capacity and insufficient programme funding. As a result, the programme was extended by one year, through 1994.

12. Thereafter, a two-year bridging programme (1995-1996) was approved in the amount of $2.4 million from regular resources to complete the planned activities of the previous programme and to lay the proper foundation for more extensive population activities during the 1997-2001 period. The main objectives were to increase the demand for and improve the quality of available family planning services; establish a framework for a national population policy; improve the population database; reinforce community participation in population and development activities; elaborate and implement a national MCH/FP programme and supporting IEC strategy; and formulate a national programme for the integration of women into the development process. Reproductive health and related IEC have been the priority sectors.

13. The socio-political upheavals during 1995 and 1996 hampered the implementation of this bridging programme, and, therefore, many of the activities are planned to be continued under the proposed programme. These include the need to improve the quality of MCH/FP services and IEC activities in order to inform people of and increase demand for existing family planning services. Weak government institutional and technical capacities make it advisable to postpone formulation of a national population policy. Institutional weakness also creates a continued need for international expertise for programme execution, but, at the same time, the proposed programme will work to assure capacity-building for nationals. In addition, government efforts need to be complemented by more community groups, NGOs and local leaders in targeting certain population groups -- adolescents and youth and unmarried women and men -- who have great need for reproductive health services but are often ignored. Greater efforts need to be made in coordinating reproductive health and associated IEC activities.

Other external assistance

14. UNFPA has been the largest donor for population activities and the preponderant donor for family planning. Other donors who provide assistance in the health sector and for women include UNDP, UNICEF, the European Union, the World Health Organization (WHO), the World Bank and the French Cooperation Agency. Under its planned programme, UNDP will support the reform of the health system in five "focus districts" as well as the creation of a women's institution to help implement the Platform for Action of the Fourth World Conference on Women. The proposed UNFPA programme is designed to focus on the same districts, with interventions in the area of reproductive health. UNICEF has provided support for an expanded immunization programme and for community participation in health interventions. The European Union has emphasized education, the promotion of the social and economic well-being of women and activities designed to reduce the spread of STDs, including HIV/AIDS. WHO has been active in primary health care activities. The French Cooperation Agency has focused its assistance on the education and health sector, including prevention of STDs. The World Bank is supporting health reform and community development in the amount of $16 million for the period 1993-1997. Since 1994, the International Planned Parenthood Federation (IPPF) has provided funds for family planning awareness-creation activities to its affiliate, the Comorian Association for Family Well-Being.

Proposed programme

15. The proposed programme responds to development priorities contained in the Country Strategy Note for 1996-2000 approved by the Government. Taking into account the size of the country, the limited funding and the comparative advantages of UNFPA, the proposed programme will focus more than two-thirds of the funding on reproductive health activities. Interventions in other areas (population and development strategies, and advocacy) are designed mainly to reinforce the activities in the area of reproductive health.

16. Reproductive health. The programme will give high priority to the high rates of fertility and maternal mortality; adolescent inaccessibility to reproductive health information and services; the weak demand for family planning services and low use of contraceptives due to sociocultural factors; the low quality of available MCH/FP services, including for care of obstetrical complications; the weak technical capacities of the health personnel in terms of management, counselling and coordination; and the need to integrate the reproductive health concept into the health system.

17. To address these issues, the new programme will help make comprehensive reproductive health services readily accessible in the five focus districts, working through each district's referral health centres and their 20 dependent health service delivery points. It will also help the Government to sustain the continued availability of MCH/FP services in the rest of the country. The programme will achieve its objectives by first strengthening the technical and institutional capacities of the

Ministry of Health, particularly in the five focus districts. Secondly, a framework for a national reproductive health programme will be defined; operational research to improve the quality of reproductive health services will be developed; and the five districts will be assisted in providing a minimum package of reproductive health services. The programme will assist the Government in mobilizing community groups, grass-roots associations, NGOs and local leaders to promote the use of reproductive health services and to sensitize leadership groups on such issues as maternal mortality, adolescent reproductive health needs and male responsibility and involvement. In order to ensure that services continue to be available, the proposed programme will help in providing sufficient contraceptive supplies and medical equipment and will furnish technical assistance.

18. In the five focus districts, service providers will be trained in how to integrate a full range of reproductive health services into their programmes while traditional birth assistants will be trained in how to assess high-risk pregnancies. The programme will also support an outreach system by family planning motivators and a pilot community-based distribution programme. To encourage demand and use of reproductive health services in the five districts as well as on the national level, the programme will promote development and production by the Ministry of Health of appropriate IEC materials, including special IEC programmes for the general public using national and private radio networks, video and the written press. Training will be offered to grass-roots associations, NGOs and community groups in order to sensitize local traditional and religious leaders, as well as men and youth, on reproductive health issues, including prevention of STDs, including HIV/AIDS.

19. To sustain the availability and improve the quality of MCH/FP services outside the five focus districts, family planning trainers will offer training courses to strengthen the family planning skills of Ministry of Health service providers and managers and of doctors from the private sector. A qualitative study on the perceptions that women and men have of family planning services will be completed. In addition, the programme will support a series of operational investigations such as on assessing the impact that mother-baby consultations at district health centres have on the recruitment and continuation of family planning users. The results of this assessment will be used in expanding this approach to all grass-roots health service points. One MCH/FP centre in Moroni will introduce Norplant on a pilot basis. Also in Moroni, a model family planning clinic will be opened to offer counselling and services to young people.

20. Population and development strategies. The proposed programme is intended to contribute to the improved coordination of national population activities under the auspices of the Ministry of Health; to the improved quality, reliability and usefulness of existing population data collection; and to the formulation and dissemination of a national policy and plan of action for promotion of women as well as of a family code. Specifically, the programme will seek to assess and diagnose the data collection system, train government cadres in data collection and data processing, strengthen the technical planning capability of the line ministries and establish better communication among development partners.

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21. Advocacy. In the area of advocacy, the proposed programme will assist the Government in addressing its concerns about such issues as the early age of marriage, the low participation of women in decision-making, and the low social status of women in general. To accomplish this, the proposed programme will strengthen and support the capacity of the General Directorate for the Promotion of Women and Social Protection in its efforts to sensitize political and social leaders and will provide training in advocacy techniques for Directorate personnel. UNFPA will participate with UNDP in a round-table for donors to seek financial contributions for the implementation of the national policy for the promotion of women and its programme of action.

Implementation, monitoring, evaluation and coordination

22. The proposed programme will be executed by national counterparts with the technical assistance of UNFPA and the International Labour Organisation (ILO). In the reproductive health sector, interventions will be primarily executed by the Government and the Comorian Association for Family Well-Being with the technical assistance of UNFPA delivered through an international adviser, the Country Support Team (CST) headquartered in Harare, Zimbabwe, and national experts. The population and development interventions, including those relating to gender issues, will be implemented by the Government with possible execution by ILO and with technical assistance from the CST.

23. The Ministry of Cooperation and the General Commissariat of Planning and Development are responsible for the overall coordination of external assistance and the supervision of project execution by sectoral ministries. The coordination of UNFPA programme activities will be assured by the Fund's country office. The proposed programme is harmonized with those of UNDP and UNICEF, which also begin in 1997. In addition, the Fund will continue to promote close coordination with bilateral donors in the population area to achieve effective use of limited human and financial resources.

24. The monitoring and evaluation of activities developed as part of this programme will be implemented in compliance with standard UNFPA guidelines and procedures. Each component activity will incorporate measurable indicators to help gauge the impact of the overall programme. All activities will be subject to annual progress reports and to annual and final tripartite reviews and monitoring visits. UNFPA personnel in the country office will supervise the monitoring of programme implementation and will organize training courses in UNFPA management procedures and programme monitoring and evaluation for nationals. Programme management will be the responsibility of the UNFPA Representative resident in Madagascar. For this purpose, the Representative will make at least three programme monitoring visits each year. A mid-term review will be scheduled for mid-1999. This exercise will be carried out jointly with UNDP, UNICEF and

WHO. A PRSD process will be scheduled for the year 2001 in order to prepare the next UNFPA programme of assistance.

Recommendation

25. The Executive Director recommends that the Executive Board approve the programme of assistance for Comoros as presented, in the amount of $3.4 million over the period 1997-2001, $3 million of which would be programmed from UNFPA's regular resources, and the balance of $400,000 would be sought from multi-bilateral and/or other, including regular, resources to the extent possible, consistent with Executive Board decision 96/15 on the allocation of UNFPA resources.